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HDP/SB/21 based on PTO/SB/21 (08-00)

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**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

| | |
|------------------------|---------------------|
| Application Number | 10/518,961 |
| Filing Date | December 8, 2005 |
| Inventor(s) | Carl BERGMAN et al. |
| Group Art Unit | 3745 |
| Examiner Name | Thomas Lazo |
| Attorney Docket Number | 10400A-000032/US |

ENCLOSURES (check all that apply)

| | | | | |
|--|--|--|---------|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> <u>One</u> (1) Sheets of Formal Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims) <input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee Transmittal Comments on the Examiner's Statement of Reasons for Allowance Check # 11043 for \$1510.00 | | |
| <table border="1"><tr><td>Remarks</td><td></td></tr></table> | | | Remarks | |
| Remarks | | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | | | |
|-------------------------|----------------------------------|---------------|--------------------|----------|--------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | Attorney Name | John A. Castellano | Reg. No. | 35,094 |
| Signature | | | | | |
| Date | June 23, 2009 | | | | |